

Case Number:	CM15-0080109		
Date Assigned:	05/01/2015	Date of Injury:	10/02/2001
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old female, who sustained an industrial injury on 10/02/01. Initial complaints are not noted. The injured worker was diagnosed as having cervical degenerative disc disease; left shoulder internal derangement; right shoulder internal derangement; bilateral carpal tunnel syndrome; bilateral upper extremity radiculopathy; lumbar degenerative disc disease; left hip myoligamentous injury, great trochanter bursitis; left lower extremity radiculopathy; reactionary depression/anxiety; medication-induced gastritis. Treatment to date has included status post right carpal tunnel release; status post right knee arthroplasty (8/09); status post bilateral shoulder arthroscopies; status post lumbar epidural steroid injection L5-S1 bilaterally (3/19/15). Diagnostics included MRI cervical and lumbar spine (5/3/08); EMG/NCV upper extremities (1/21/11); right knee MRI (11/20/06). Currently, the PR-2 notes dated 3/23/15 indicated the injured had a lumbar epidural steroid injection L5-S1 bilaterally on 3/19/15 that provided 75% benefit from lower back and radicular symptoms to lower extremities. She currently rates her pain level as 3/10, which is very manageable. She has a prior experience with a lumbar epidural steroid injection on 5/9/13, which provided close to 8 months of benefit. The injured worker indicates her cervical spine is also painful and getting more cervicogenic headaches, which occasionally become migrainous. She relates to the pain scale of 7/10. The injured worker has had several facet rhizotomies (last one was 3/28/13) providing 70% pain relief over 8 months. She is requesting this same treatment again and today would like Trigger Point injections. She is currently prescribed: Ultracet, Anaprox, Neurotin. She would like to go back to previous prescription of Topamax instead of Neurotin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 23.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, Diazepam is being prescribed for anxiety and muscle spasm, and per the MTUS Chronic Pain Medical Treatment Guidelines tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The guidelines also state that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Given that the long term use of benzodiazepines is not supported by the MTUS guidelines, the ongoing use of this medication is not supported. The medical records indicate that Utilization Review has modified the requested quantity to allow for weaning. The request for Valium 10mg #30 is not medically necessary and appropriate.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Gabapentin (Neurontin) page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page(s): 16-21.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Neurontin is considered first line in the treatment of chronic neuropathic pain. However, the injured worker has stated she would like to go back to previous prescription of Topamax instead of Neurotin. The medical records do not establish efficacy with the use of Neurontin. The request for Neurontin 300mg #90 is therefore not medically necessary and appropriate.

Trigger point injections to the cervical spine (administered) #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections page(s): 121-122.

Decision rationale: According to the MTUS guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) symptoms have persisted for more than three months; (3) medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) radiculopathy is not present (by exam, imaging, or neuro-testing); (5) not more than 3-4 injections per session; (6) no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) frequency should not be at an interval less than two months; (8) trigger point injections with any substance (e.g. saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical records do not establish documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain to support the request for trigger point injection. The request for Trigger point injections to the cervical spine (administered) #4 is not medically necessary and appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Drug testing page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that the injured worker meets the criteria for undergoing urine drug screening. The request for Urine drug screen is not medically necessary and appropriate.